

TRANSCRIPT ORDER

DUE DATE:

1. NAME Amanda C. Sheridan		2. PHONE NUMBER 602-382-6304		3. DATE 2/21/7	
4. FIRM NAME Snell & Wilmer L.L.P.					
5. MAILING ADDRESS 400 E. Van Buren Street			6. CITY Phoenix		7. STATE AZ
8. ZIP CODE 85004					
9. CASE NUMBER 2:15-MD-02641		10. JUDGE Campbell		DATES OF PROCEEDINGS	
				11. 2/17/17	12.
13. CASE NAME In Re Bard IVC Filters Products Liability Litigation		LOCATION OF PROCEEDINGS			
		14. Phoenix		15. STATE Arizona	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				2/17/17 - entire hearing	
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input checked="" type="checkbox"/> ASCII (e-mail)	costs split between parties
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS asheridan@swlaw.com; pritchey@swlaw.com	
19. SIGNATURE s/Amanda C. Sheridan				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 2/21/17					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER	
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		